

L07000112860

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ *Certificates of Status _____

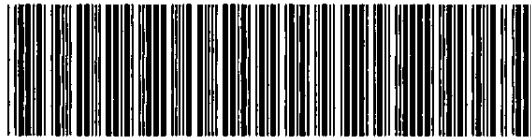
Special Instructions to Filing Officer:

A. LUNT

OCT - 3 2008

EXAMINER

Office Use Only



800136088178

10/02/08--01015--003 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 OCT - 2 P 12:30

FILED

September 30, 2008

FILED
2008 OCT -2 P 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Amended Articles of Organization of a Florida LLC

To Whom It May Concern:

My name is Lisa Jo Coleman and I am the owner/operator and registered agent of a business which goes by the name of Old Pass Spice Traders, LLC. The original Articles were filed on 11/07/07 and assigned Florida document number L07000112860.

I wish to change the name of my business from Old Pass Spice Traders, LLC, to The Spice and Tea Exchange of John's Pass, LLC.

I have enclosed a check for \$25.00, along with the completed Articles of Amendment to Articles of Organization forms printed from the SunBiz website. All other aspects of my business, including the address, are remaining the same as the original.

Please process this amendment at your earliest convenience and forward a letter of acknowledgement to my address below. Thank you for your time and consideration in this matter.

Sincerely,


Lisa Jo Coleman
(727) 455-3773

Business Address: 110 – 129th Avenue East
Madeira Beach, FL 33708

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Old Pass Spice Traders, LLC
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lisa Jo Coleman

(Name of Person)

Old Pass Spice Traders, LLC

(Firm/Company)

110 - 129th Avenue East

(Address)

Madeira Beach, FL 33708

(City/State and Zip Code)

For further information concerning this matter, please call:

Lisa Jo Coleman

(Name of Person)

at (727) 455-3773

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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2009 OCT -2 P 12:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated September 30, 2008

Lisa Jo Coleman
Signature of a member or authorized representative of a member

Lisa Jo Coleman
Typed or printed name of signee

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2008 OCT -2 12:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA